



GEORGIA DEPARTMENT OF REVENUE  
ALCOHOL & TOBACCO DIVISION  
P.O. BOX 49728  
ATLANTA GA 30359

**DUE BY THE 15<sup>TH</sup> OF EACH MONTH**

Must be filed each month even if there are no shipments during the month.

Page \_\_\_\_ of \_\_\_\_ Pages

DEPT. USE ONLY

REPORT OF WINE SHIPMENTS INTO THE STATE OF GEORGIA DURING THE  
MONTH OF \_\_\_\_\_, 20\_\_\_\_

NAME OF WINE SHIPPER					GA LICENSE #		
ADDRESS		CITY		STATE	ZIP CODE		
<p align="center"><b>INSTRUCTIONS</b></p> <p>1. This report must be filed with the Georgia Department of Revenue, on or before the 15<sup>th</sup> day of each calendar month.</p> <p>2. List separately, on this form, each invoice of wine shipment made or caused to be made into the State of Georgia.</p> <p>3. Legible copies of all invoices of wine shipments listed on this report form must be attached.</p>							
<b>DEPT USE ONLY</b>		<b>INVOICE</b>		NAME & LOCATION OF WHOLESALER TO WHOM SHIPPED	<b>REPORT IN LITERS</b>		CASES PER INVOICE
WHOLESALER'S E.D.P CODE	DATE	NUMBER	14% OR LESS ALCOHOL BY VOLUME		OVER 14% ALCOHOL BY VOLUME		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17. Grand Total of shipments to Georgia Wholesalers during the month.							

I hereby certify, under penalty of law, that this is a true and correct report of all wine shipments made into the State of Georgia during the calendar month for which this report is filed.

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

SIGNED \_\_\_\_\_  
(Owner, Officer, or Partner)

TITLE \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)